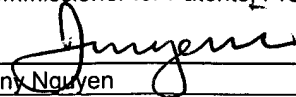




CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 8, 2005.


Jinny Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: April 8, 2005

Paul A. CRONCE and Joseph M. FONTANA

Confirmation No: 7144

Serial No: 09/503,778

Group Art Unit: 2134

Filed: February 14, 2000

Examiner: Ho, Thomas M.

For: PORTABLE AUTHORIZATION DEVICE FOR AUTHORIZING USE OF
PROTECTED INFORMATION AND ASSOCIATED METHOD

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 CFR §1.116

Sir:

In response to the Final Office Action dated February 10, 2005, please amend the above-identified application in the following manner:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.

TRANSMITTAL FORM	Attorney Docket No. 2473P
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In re the application: **Paul A. CRONCE and Joseph M. FONTANA**

Confirmation No: **7144**

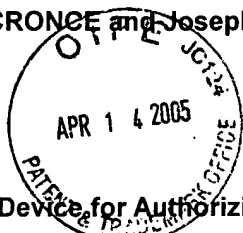
Serial No: **09/503,778**

Group Art Unit: **2134**

Filed: **February 14, 2000**

Examiner: **Ho, Thomas M.**

For: **Portable Authorization Device, for Authorizing Use of Protected Information and Associated Method**



ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	18	45	0	\$ 50.00	\$ 0.00
Independent Claims	3	16	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Stephen G. Sullivan, Reg. No. 38,329
Signature	
Date	April 11, 2005

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Type or printed name	Jinny Nguyen
Signature	